

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>003248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/21/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>SULLIVAN COUNTY COMMUNITY HOSPITAL HOME H</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>817 N SECTION ST STE A</b> <b>SULLIVAN, IN 47882</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	<p>Initial Comments</p> <p>This was the 2nd revisit for the State re-licensure survey completed on 12-2-13, 12-3-13, 12-4-13, and 12-5-13 with the first revisit 1-13-14.</p> <p>Survey Date: 2-21-14</p> <p>Facility #: 003248</p> <p>Medicaid Vendor #: 200387670</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Seven (7) deficiencies were found to be corrected as a result of this survey. Sullivan County Community Hospital Home Health was found to be in compliance with the Indiana State Rules for home health agency licensure, 410 IAC Article 17.</p> <p>Current Census:</p> <p>32 skilled patients 0 home health aide only patients 0 personal service only patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 24, 2014</p>	{N 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE